



THE UNIVERSITY OF BRITISH COLUMBIA

General Surgery Residency Program

Department of Surgery | Faculty of Medicine

General Surgery Resident Fatigue Risk Management Policy

General Surgery Residency Program Committee has reviewed and adopted with minor additions and modifications the PGME Resident Fatigue Risk Management Policy.

Action	Committee	Date	Status
Approved	RPC	October 2019	Approved
Approved	RPC	June 2022	Approved



Postgraduate Medical Education (PGME)

Title:	UBC PGME Fatigue Risk Management	Number:	010d
Approved By:	PGMEC		
Approval Date:	June 7, 2022		
Contact:	postgrad@postgrad.med.ubc.ca		

Preamble

This policy reflects University of British Columbia’s commitment to management of fatigue as part of supporting resident’s overall well-being. Fatigue risk management for residents is critical to maintain safe patient care, the integrity of physician liability, and personal safety and wellbeing. The PGME along with programs, faculty and the Resident Wellness Office (RWO) provides ongoing fatigue prevention strategies to monitor, assess and minimize the effects of fatigue for the health and safety of resident and the patients they care for.

Policy

1. Definition of Terms

Fatigue - A symptom characterized by a difficulty in initiating or maintaining voluntary physical and/or mental task. It is usually accompanied by a feeling of weariness and tiredness and can be acute or chronic. Fatigue maybe the result of physical, emotional and/or social/cultural factors.

2. Resident Responsibility

- 2.1 Residents are responsible for reporting fit for duty and able to perform their clinical duties in a safe, appropriate and effective manner free from impairment due to fatigue. Residents have a professional responsibility to appear for duty appropriately rested and must manage their time before, during and after clinical assignments to prevent excessive fatigue.
- 2.2 Residents are responsible for assessing and recognizing the signs of impairment due to fatigue in themselves. Residents experiencing such fatigue are to notify their Program Director or designate.
- 2.3 If a resident experiencing fatigue anticipates it could impair their ability to perform their duties, he/she is encouraged to voluntarily seek assistance before clinical, educational and/or professional performance, interpersonal relationships or their health are adversely affected. Residents, who voluntarily seek assistance before their performance is adversely affected will not jeopardize their status as a resident.
- 2.4 Residents who experience fatigue which they feel would impair their ability to drive related to work must arrange for alternative transportation arrangements to ensure safe travel. Residents who commute by other means must ensure they feel they can travel without increased risk to themselves or others.

Addition to 2.4 specific to General Surgery Residency Program
Residents who feel they are unsafe to drive from the Training Facility to their residence due to fatigue and are unable to secure other safe modes of transportation, may contact the program to be reimbursed for taxi or ride share fare for transportation home from VGH and SPH. Original receipts will be required.



- 2.5 Residents who unable to rest more than 4 consecutive, uninterrupted hours at night while on shift of 24 hours or longer are to inform their clinical team the following day and are expected to be relieved of clinical duties by 10am unless exigent clinical circumstances exist or (for residents only) choose to stay for compelling reasons consistent with the terms set out in the HEABC Collective Agreement. In the event of a resident staying past 10am in the above situations, they are to be relieved of clinical duties if any impairment in performance is noted by the resident, peer or faculty.
- 2.6 If a resident recognizes impairment due to excessive fatigue in another resident, that resident should immediately notify the program director or designate.

3. Residency Program Responsibility

- 3.1 It is the responsibility of the Residency Program Committee to be aware of resident fatigue and the risk factors.
- 3.2 If a program director or faculty member recognizes the effects of excessive fatigue adversely affecting the performance of a resident the member must take steps to ensure the safety and wellbeing of the resident and their patients.
- 3.3 It is the responsibility of the program to have clinical duty and on-call schedules consistent with the HEABC Collective Agreement.

Additional responsibility specific to General Surgery Residency Program

3.4 If a resident identifies themselves at risk for driving home after prolonged work hours, the program will provide funding for safe travel home from VGH and SPH.

4. Resources

- UBC resident wellness office (<http://postgrad.med.ubc.ca/resident-wellness>)
- Employee & Family Assistance Program (<http://www.efap.ca>)
- Physician Health Program (<https://www.physicianhealth.com>)
- Current Sleep Science: The Fatigue Risk Management Toolkit, p.6-7
- Effective Self-Assessments on Fatigue: [Epworth Sleepiness Scale and the Fatigue Severity Scale](#) (with a score of 36 or higher to be problematic).
- [National Steering Committee on Resident Duty Hours: Summary of Findings, Final Report 2013](#)
- [Resident Doctors of Canada, Fatigue Risk Management Toolkit](#)

Related Policies and Contacts

Policy 009 - [PGME Wellness Fatigue Risk Management Guideline](#)

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Policy and Procedure

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